

AUG 08 2000

Page 1 of 2 Pages

[x] Original [ ] Supplemental

Att'y Docket: ZUCKER-FRANKLIN=1A

**Combined Declaration for Patent Application and Power of Attorney**

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; and that I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

ASSAYS FOR HUMAN T-CELL LYMPHOTROPHIC VIRUS TYPES I AND II

the specification of which (check one)

- [ ] is attached hereto;  
 [X] was filed in the United States under 35 U.S.C. §111 on April 6, 2000, as U.S. Appl. No. \_\_\_\_\_\*; or  
 [ ] was/will be filed in the U.S. under 35 U.S.C. §371 by entry into the U.S. national stage of an international (PCT) application, PCT/\_\_\_\_\_; filed \_\_\_\_\_, entry requested on \_\_\_\_\_\*; national stage application received U.S. Appl. No. \_\_\_\_\_\*, §371/§102(e) date \_\_\_\_\_\* (\* if known)

and was amended on \_\_\_\_\_ (if applicable).

(include dates of amendments under PCT Art. 19 and 34 if PCT)

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and I acknowledge the duty to disclose to the Patent and Trademark Office (PTO) all information known by me to be material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §§ 119 and 365 of any prior foreign application(s) for patent or inventor's certificate, or prior PCT application(s) designating a country other than the U.S., listed below with the "Yes" box checked and have also identified below any such application having a filing date before that of the application on which priority is claimed:

(Number)	(Country)	(Day Month Year Filed)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day Month Year Filed)	YES	NO

I hereby claim the benefit under 35 U.S.C. §120 of any prior U.S. non-provisional application(s) or prior PCT application(s) designating the U.S. listed below, or under §119(e) of any prior U.S. provisional applications listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in such U.S. or PCT application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose to the PTO all information as defined in 37 C.F.R. §1.56(a) which occurred between the filing date of the prior application and the national filing date of this application:

(Application No.)	(Day Month Year Filed)	pending (Status: patented, pending, abandoned)
60/127,936	6 April 1999	
_____	_____	_____
(Application No.)	(Day Month Year Filed)	(Status: patented, pending, abandoned)
_____	_____	_____
(Application No.)	(Day Month Year Filed)	(Status: patented, pending, abandoned)

As a named inventor, I hereby appoint the following registered practioners to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

**All of the practioners associated with Customer Number 001444**

Direct all correspondence to the address associated with Customer Number 001444; i.e.,  
**BROWDY AND NEIMARK, P.L.L.C.**  
 624 Ninth Street, N.W.  
 Washington, D.C. 20001-5303  
 (202) 628-5197

The undersigned hereby authorizes the U.S. Attorneys or Agents appointed herein to accept and follow instructions from New York University as to any action to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. Attorneys or Agents and the undersigned. In the event of a change of the persons from whom instructions may be taken, the U.S. Attorneys or Agents appointed herein will be so notified by the undersigned.

Page 2 of 2 Pages

Title: ASSAYS FOR HUMAN T-CELL LYMPHOTROPIC VIRUS TYPES I AND II Atty. Docket: ZUCKER-FRANKLIN=1AU.S. Application filed April 6, 2000, Serial No. \_\_\_\_\_

PCT Application filed \_\_\_\_\_, Serial No. \_\_\_\_\_

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FIRST INVENTOR Dorothea ZUCKER-FRANKLIN		INVENTOR'S SIGNATURE <i>Dorothea Zucker-Franklin</i>	DATE 7/31/2000
RESIDENT New York, New York		CITIZENSHIP US	
POST OFFICE ADDRESS			
FULL NAME OF SECOND JOINT INVENTOR Bette A. PANCAKE		INVENTOR'S SIGNATURE <i>Bette A. Pancake</i>	DATE 7/31/2000
RESIDENT Somerset, New Jersey		CITIZENSHIP US	
POST OFFICE ADDRESS			
FULL NAME OF THIRD JOINT INVENTOR		INVENTOR'S SIGNATURE	DATE
RESIDENT		CITIZENSHIP	
POST OFFICE ADDRESS			
FULL NAME OF FOURTH JOINT INVENTOR		INVENTOR'S SIGNATURE	DATE
RESIDENT		CITIZENSHIP	
POST OFFICE ADDRESS			
FULL NAME OF FIFTH JOINT INVENTOR		INVENTOR'S SIGNATURE	DATE
RESIDENT		CITIZENSHIP	
POST OFFICE ADDRESS			
FULL NAME OF SIXTH JOINT INVENTOR		INVENTOR'S SIGNATURE	DATE
RESIDENT		CITIZENSHIP	
POST OFFICE ADDRESS			
FULL NAME OF SEVENTH JOINT INVENTOR		INVENTOR'S SIGNATURE	DATE
RESIDENT		CITIZENSHIP	
POST OFFICE ADDRESS			

ALL INVENTORS MUST REVIEW APPLICATION AND DECLARATION BEFORE SIGNING. ALL ALTERATIONS MUST BE INITIALED AND DATED BY ALL INVENTORS PRIOR TO EXECUTION. NO ALTERATIONS CAN BE MADE AFTER THE DECLARATION IS SIGNED. ALL PAGES OF DECLARATION MUST BE SEEN BY ALL INVENTORS.

Applicant or Patentee: ZUCKER-FRANKLIN et al Attorney's Docket No.: ZUCKER-FRANKLIN=1A  
Serial or Patent No.: \_\_\_\_\_ Filed or Issued: \_\_\_\_\_  
For: ASSAYS FOR HUMAN T-CELL LYMPHOTROPHIC VIRUS TYPES I AND II

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) AND 1.27(d)) - NONPROFIT ORGANIZATION**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION NEW YORK UNIVERSITY

ADDRESS OF ORGANIZATION 70 Washington Square South, New York, New York 10012

TYPE OF ORGANIZATION

- ☒ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION  
☐ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) AND 501(c)(3))  
☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA  
(NAME OF STATE \_\_\_\_\_)  
(CITATION OF STATUTE \_\_\_\_\_)  
☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) AND 501(c)(3)) IF LOCATED IN THE UNITED STATES OF AMERICA  
☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA  
(NAME OF STATE \_\_\_\_\_)  
(CITATION OF STATUTE \_\_\_\_\_)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees to the United States Patent and Trademark Office with regard to the invention entitled ASSAYS FOR HUMAN T-CELL LYMPHOTROPHIC VIRUS TYPES I AND II by inventors Dorothea ZUCKER-FRANKLIN and Bette A. PANCAKE described in

- ☐ the specification filed herewith  
☒ application serial no. \_\_\_\_\_, filed 6 April 2000  
☐ patent no. \_\_\_\_\_, issued \_\_\_\_\_

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

\*Note: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

☐ INDIVIDUAL ☒ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Isaac T. Kohlberg

TITLE IN ORGANIZATION OF PERSON SIGNING: Vice Dean for Industrial Liaison

ADDRESS OF PERSON SIGNING: 550 1st Avenue New York, NY 10016

SIGNATURE: [Signature]

DATE: 8/2/00